



# Application Form for VIP's-Volunteers, Interns & Professional Partners

Rev. 01/10

## Connecticut Department of Correction

### SECTION 1 – Applicant Instructions

Please print or type all answers to all questions.

Mail completed application to:

Doug Kulmacz, Director of Volunteer and Recreation Services  
Connecticut Department of Correction  
24 Wolcott Hill Road  
Wethersfield, Connecticut 06109

If you have questions, please contact: Volunteer & Recreation Services 860-692-7578, Andrea Ouellette, Office Mgr.

### SECTION 2 – Applicant Information - Applicants must be at least 18 years old

Check Box Below:

☐ Regular Volunteer    ☐ Short-Term Volunteer    ☐ Intern    ☐ Professional Partner    ☐ Researcher    ☐ Other: \_\_\_\_\_

Applicant's full name:

Applicant's home address:

City/Town:

State:

Zip Code:

Home telephone:

Work telephone:

Date of birth:

Social security number:

Gender: ☐ Male ☐ Female

Race: ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Asian ☐ Other (specify):

Drivers license: ☐ Yes ☐ No

State:

Operators license number:

Primary vehicle registration tag:

Make/Model/Year of vehicle:

### SECTION 3 – Qualifications

Do you speak, read or write a language other than English? ☐ Yes ☐ No

Specify:

Education (check): ☐ Graduated High School ☐ GED  
☐ Associates ☐ Bachelors ☐ Masters ☐ Post-Graduate

Subject:

### SECTION 4 – Programming/VIP Preferences

Program/Activity desired:  
(please check)

☐ Addiction Services  
☐ Basic Educational Services  
☐ Intern  
☐ Professional Partner  
☐ Research  
☐ Chaplaincy Services  
Protestant \_\_\_\_\_ Jewish \_\_\_\_\_  
Catholic \_\_\_\_\_ Native American \_\_\_\_\_  
Muslim \_\_\_\_\_ Other: \_\_\_\_\_

Location preference:  
(please check one)

#### North District:

☐ Bergin CI ☐ Brooklyn CI ☐ Enfield CI ☐ Hartford CC ☐ MacDougall-Walker CI  
☐ Northern CI ☐ Osborn CI ☐ Robinson CI ☐ Willard-Cybulski CI

#### South District:

☐ Bridgeport CC ☐ Cheshire CI ☐ Corrigan-Radgowski CC ☐ Garner CI ☐ Gates CI  
☐ Manson YI ☐ New Haven CC ☐ Webster CI ☐ York CI

Parole and Community Services: \_\_\_\_\_ Halfway House \_\_\_\_\_ Non-Residential Program

☐ Bridgeport ☐ Hartford ☐ New Haven ☐ New London Other: \_\_\_\_\_

### SECTION 5 – References

Name:

Name:

Address:

Address:

Telephone number:

Telephone number:

Relationship:

Relationship:



# Application for VIPs-Volunteers, Interns & Professional Partners

## Connecticut Department of Correction

Rev. 01/10

### SECTION 6 – Employment Information

Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency? No ☐ Yes ☐  
If yes, attach a separate sheet describing your role & duties, date(s) of service and your Supervisor's name and contact number.

Instructions: Beginning with your PRESENT or MOST RECENT employment please clearly describe the work (duties/responsibilities) you personally performed.

Job Title:

Company name:

Type of business:

Department where assigned:

Supervisor's name:

Telephone number:

Employed from (date):

Total time (yrs/mos):

Hours per week:

FT

PT

Duties/responsibilities:

### SECTION 7 – Previous/Present Volunteer Experience

Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.

Previous/Present volunteer service (title):

Name of organization:

Contact person:

Telephone number:

Duties/responsibilities:

### SECTION 8 – Conviction Information

**IMPORTANT:** Your answer to the following question will be considered for volunteer services purposes only: Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a Youth Offender Law)?

☐ Yes ☐ No If yes, attach a detailed explanation

### SECTION 9 – Medical/Emergency Contact Information

#### Medical Information:

#### Emergency Notification:

Physician:

Name:

Telephone number:

Telephone number:

Insurance company:

Relationship:

### SECTION 10 – Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for VIP service. By affixing my signature below, I give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a VIP I may be exposed to danger, including, hostage situations, injury or assault by inmates.

Applicant signature:

Date:



## VIP Memorandum of Understanding

### Connecticut Department of Correction

Rev. 01/10

I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
2. Respect the integrity and confidentiality of records and other privileged information.
3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any employee, contractor or volunteer, intern or professional partner.
6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
8. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized by a facility supervisor.
9. Refrain from personal relationships with offenders:
  - A. Are you related to anyone who is currently incarcerated? ☐ Yes ☐ No If yes, complete below  
Name of offender: \_\_\_\_\_ Offender number: \_\_\_\_\_
  - B. Are you on any offender's visiting list? ☐ Yes ☐ No If yes, complete below  
Name of offender: \_\_\_\_\_ Offender number: \_\_\_\_\_
10. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?  
☐ Yes ☐ No If yes, name: \_\_\_\_\_
11. If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.
12. If approved as a correctional volunteer, I agree to read the VIP Handbook and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print): \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Optional: **e-mail address:** \_\_\_\_\_